U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	ostmark		Date Received		Notification #	4 6 8 10				
I. Type of Notification (check of	ne): 🗹 O	riginal	Revised	Canc	eled					
II. Facility Description										
Building Name:										
Address: 880 3rd Avenue City: New York State: NY Zip Code: 10022 County:										
City: New York	Sta	te: NT	Zip Code: _	10022	County:					
Site Location : Same as Above										
Building Size (square feet): 168000 # of Floors: 2 Age in Years: 54										
Present Use: Commercial Prior Use: Commercial Type of Operation (check one): Demo Ordered Demo Prior Use: Emergency Renovation Fire Training										
		No No		on Emergenc	y Renovation _	Fire Training				
	inc). 🔽 res									
V. Facility Information Owner Name: Vanderguard Properties										
Address: Vanderguard Properties										
o. New York			State: NY	Zi	p Code: 10022					
Contact: Chris Cullen					Fax:					
Removal Contractor Name: Precision Services LLC										
Address: 165 Amboy Road, suite 404, Building D										
City: Morganville	City: Morganville State: NJ Zip Code: 07751									
				hone: (732) 982-1070 Fax: (732) 414-6970						
Other Operator (demolition/general): N/A										
Address:										
City:	City: State: Zip Code:									
Contact:		Telephone: () Fax:								
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:										
TEM-PLM analytical testing, wet methods										
VII. Approximate Amount of Asbestos Materials:										
	RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed					
			Category I	Category II	Category I	Category II				
Pipes (linear feet)	7	*								
Surface Area (square feet)	14,00	14,000								
Facility Components (cubic feet)										
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:										
		IX. Dates for Asbestos Removal (MM/DD/YY) Start: 07/26/17 Complete: 07/26/17								
	(MM/DD/YY)	Start: (7/26/17	Complete	e: 07/26/17					
	(MM/DD/YY) Tuesday	Start: (07/26/17 Saturday	Sunday				

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X.	Descript or renov	ion of planned Demolition or Renovation work t ation techniques to be used and description of a	o be performed and ffected facility com	d method(s) to be emp ponent s:	oloyed, including demolition			
XI.	Descripti	on of work practices and engineering controls to	be used to comply	with the requiremen	nts, including asbestos			
Decor		and waste handling emission control procedures		tookkan assatsaa 11 🗁	D.A. W.			
Labele	ed Bags, D	H.E.P.A., Air Filtrations Unit, 10 Micron to 5 isposable Gloves, Booties, Coveralls, Shove	els, Hand Scrape	rs, 3 Gal Water Spr	P.A. Vaccum 6Mil. Black ayer, Amended Water.			
XII.		ansporter #1						
	Name:	Codi Transport						
	Address:	72 Allen Blvd						
	City:	Farmingdale	State:	NY	Zip Code: 11735			
	Contact:	Don	Telephone:	(631)694-6001				
	Waste Tr	ansporter #2						
	Name:	N/A						
	Address:							
	City:	-	State:		Zip Code:			
	Contact:		Telephone:	()				
XIII.	Waste Dis	sposal						
	Name:	Southern Alleghenies						
	Address:	845 Miller Picking Road						
	City:	Davidsville	State:	Pa	Zip Code: 15928			
	Contact:			(814) 479-2537	-			
XIV.		y Demolition (complete Item XIV only if this proj	ect is an Emergency	y Demo.)				
	1. Attach a copy of the Order to this notice.							
		ame of Authority Issuing Order: uthority of Order (Citation of Code):	Title:					
				D : -				
XV.	4. Date of Order (MM/DD/YY): Date Ordered to Begin							
	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency:							
	2. Description of the Sudden, Unexpected Event:							
		planation of how the event caused unsafe condition	ns or equipment dar	nage or an unreasonab	ole financial burden.			
XVI.	Description crumbled,	n of procedures to be followed in the event that pulverized, or reduced to powder.	unexpected RACN	A is found or non-fria	able ACM becomes			
Check	Contain	ment, Wet Methods, HEPA Vacuum						
XVII.		at an individual trained in the provisions of NES emolition or Renovation, and evidence that the vailable during normal business hours.	SHAP (40 CFR PA required training t	RT 61, SUBPART M aas been accomplished) will be on -site during the d by this person will be			
		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title			
XVIII.	III. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.							
			07/12/16	Michael Frasset	ti			
		Signature of Owner/Operator	Date		nt Name and Title			